

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES

**IN RE: THERAPY SERVICES TECHNICAL ADVISORY COMMITTEE**

**SPECIAL-CALLED MEETING**

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September 15, 2020  
8:30 A.M.  
(All Participants Appear Via Zoom or Telephonically)

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APPEARANCES

Beth Ennis  
CHAIR

Renea Sageser  
Linda Derossett  
Dale Lynn  
Emily Sacca  
Kresta Wilson  
TAC MEMBERS

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APPEARANCES  
(Continued)

Stephanie Bates  
Judy Theriot  
Angie Parker  
Charles Douglass  
Dawna Clark  
MEDICAID SERVICES

Court Reporter's Note: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances.)

## AGENDA

Review and approval of July minutes

### OLD BUSINESS

1. Issues with payment related to ADH centers (Mariosa, etc) - proposal letter sent from Jim Hisle regarding HH during pandemic - thoughts from the Cabinet on this group as they received almost no service since shut down.
2. Issues with Anthem and AIM - Eval code billed with 97530 still not being paid after NCCI edit corrected in April; denying 97533 and 97535 due to undoing the modifier (using company called Cotiviti). Basically these edits are reversing the 59 modifier on any code sets. For Anthem Medicaid, they are denying 97533 and 97535 all the time, not just when billed with 97530. Now that WellCare is using Cotiviti as well, there is concern it will happen with them as well.

### NEW BUSINESS

3. All three groups have had discussions with CHFS regarding FS issues - paying for required CE, not being able to do FTF services as all other therapy providers are able to do. Still awaiting a response. Many of these children are recipients of Medicaid.
4. Seeing MPPR recoups from Humana again - no orange envelope and this is material change.
5. Confusion from United Health Care on who to contact related to credentialing - since this takes several months, this is concerning.

Recommendations to the MAC

Adjourn

1 MS. HUGHES: Sharley and I were  
2 talking before we got started and I don't have the  
3 minutes from July. So, we're going to work that out  
4 and I will get them out to you and we will review  
5 those for November. My apologies.

6 So, starting with the Old  
7 Business items, Stephanie, I think I saw that you  
8 were on here. We found that letter from Jim Hisle  
9 about the adult day health centers and therapies.  
10 Did you guys get a chance to review that and respond  
11 to them at all?

12 MS. BATES: Sharley, didn't I  
13 send you something on that? I thought Lee did  
14 something.

15 MS. HUGHES: I don't remember  
16 for sure, Stephanie.

17 MS. BATES: I'll look on here,  
18 but Lee sent it to us during the last meeting and I'm  
19 pretty sure we did something with it but let me check  
20 while you all go to the next thing.

21 DR. ENNIS: Okay. That would be  
22 great. We were talking last time about some issues  
23 with Anthem. Their new company, Cotiviti, that's  
24 handling their billing is unbundling the 59 modifier  
25 and that's causing some things not to get paid.

1 And apparently we've got a  
2 couple of codes that are being denied all the time  
3 and not just when they're bundled with the 97530.

4 Since then, I believe WellCare  
5 has also been approved to use Cotiviti. And, so,  
6 there's a concern that this is going to keep  
7 happening, but we're still having issues with this  
8 with Anthem across the state.

9 I know that all three groups  
10 have reported this with DOI and are trying to work  
11 through it but we're just really struggling because  
12 this is a significant financial impact.

13 So, we're wondering if there's  
14 any advice.

15 MS. RYAN: This is Kathleen with  
16 Anthem. We have one of the therapy providers that's  
17 working with our provider rep, and we have a fix  
18 going in place to exclude the procedure code 97533  
19 and 97535 when it's reported with 97530.

20 So, that is a fix that is going  
21 in. It is expected to be released on 9/27. So,  
22 they're working with the therapy provider and they're  
23 aware of that and I would suggest anyone else that's  
24 having issues to reach out to their provider rep so  
25 we can make sure that that is resolved.

1 DR. ENNIS: Okay. So, if the  
2 unbundling is happening with other codes as well,  
3 should they also get in touch?

4 MS. RYAN: Yes. Reach out to  
5 their provider rep and, then, they will work with  
6 them to see what the issue is. They would need to,  
7 of course, have some examples to be able to show that  
8 and we'll work with them to work to a solution.

9 DR. ENNIS: And is this going to  
10 be applied retroactively?

11 MS. RYAN: I cannot address  
12 that. The provider would need to work with the  
13 provider rep to identify that. I'm so sorry I don't  
14 have that answer.

15 DR. ENNIS: No worries. No  
16 worries. Appreciate the work being done on it.

17 MR. LYNN: It should be  
18 retroactive.

19 MS. BATES: Was it a mistake?  
20 I'm not sure who the Anthem rep is. I didn't hear  
21 your name. Was it an Anthem mistake?

22 MS. RYAN: This is Kathleen and  
23 I'm speaking for Anthem. I understand that there was  
24 some edits that were passed by CMS earlier in the  
25 year that they have been now reversed. I don't have

1 all the details on that. So, at this point, if there  
2 are issues with that type of billing issue, claim  
3 issue, then, just reach out to your provider rep to  
4 resolve that.

5 MS. BATES: Angie, will you take  
6 care of this, please, because Anthem needs to go back  
7 and fix that?

8 MS. PARKER: Yes, ma'am.

9 DR. ENNIS: Thank you,  
10 Stephanie. I appreciate it.

11 MS. BATES: When was the last  
12 TAC? I'm really trying to find this in my email.  
13 When was the last TAC meeting?

14 DR. ENNIS: It was in July but I  
15 don't have the exact date.

16 MS. BATES: No. That helps.

17 DR. ENNIS: Mid-July. I can  
18 pull it up.

19 Under New Business, something  
20 we just wanted to put on the radar because it is  
21 peripherally attached to Medicaid, all three groups  
22 have been meeting with the Cabinet regarding some  
23 issues with First Steps, multiple issues, but I think  
24 one of the bigger ones is that the same rules that  
25 have applied to other therapy providers - home

1 health, skilled nursing - with the ability to do some  
2 face-to-face when it's absolutely necessary has not  
3 been allowed through First Steps.

4 We had the Zoom meeting with  
5 them early August and they had said they were going  
6 to get back to us by last week. We still haven't  
7 heard anything. So, the groups, PT, OT and speech  
8 are still reaching out to try and get a resolution  
9 there but this has become a really big challenge.  
10 Providers are getting very frustrated.

11 July 21<sup>st</sup>, Stephanie, was the  
12 last meeting.

13 MS. SAGESER: I just wanted to  
14 add. They're expecting us to have some training  
15 completed by the end of the month, but I'm not doing  
16 the training until I get feedback from the State on  
17 what this is going to look like going forward. I've  
18 already decided that I'm personally pulling out  
19 myself because it's been so frustrating. So, it's  
20 really sad.

21 DR. ENNIS: And I will say,  
22 having done part of the training - I've not done the  
23 whole thing because I'm being stubborn - they're  
24 requiring us to pay for a training now - it's twenty  
25 bucks but that's still twenty bucks - through UK that



1 I probably would have given a high schooler with a  
2 project to complete it basically creating either a  
3 flyer or a Powerpoint for them.

4 And, so, most of the providers  
5 that I have talked to are really upset that they're  
6 paying for what's considered a waste of time.

7 MS. WILSON: I just wanted to  
8 add, twenty dollars doesn't sound like a lot, but  
9 when you have a hundred and twenty therapists and  
10 you've been shut down from the program during COVID,  
11 it's hard to pay for a hundred and twenty therapists  
12 at twenty dollars plus their time to do a training,  
13 like you said, that's a high school equivalent  
14 training.

15 DR. ENNIS: So, there are a lot  
16 of families not being served right now because they  
17 either can't or don't want to do telehealth. Most of  
18 them it's a can't. It's they don't have either the  
19 bandwidth or the technology, and they are allowing  
20 some occasional face-to-face. You can see them in  
21 their front yard covered head to toe kind of thing.

22 But I think from the practice  
23 side, the therapists would like to see the  
24 flexibility that the other therapy groups are being  
25 given.

1 MS. BATES: What is the training  
2 exactly, Beth? I've given up on looking for the  
3 email. I'm going to just do it after this.

4 DR. ENNIS: No worries. It is a  
5 training about the three principles of early  
6 intervention and how reimbursement for First Steps is  
7 based on those three standards.

8 MS. BATES: Okay.

9 DR. ENNIS: And, then, you have  
10 to put together either a flyer for a parent or a  
11 Powerpoint to explain to physicians what that's  
12 about, how First Steps works and gets paid.

13 MS. WILSON: Another issue, too,  
14 is the fact that we're losing a lot of providers  
15 because of these trainings, not so much that one  
16 maybe as the coaching training which is a whole other  
17 thing that takes like nine months. It's basically a  
18 college course, more or less, and we fought that  
19 battle a while ago.

20 So, we're losing all these  
21 providers but they're not training any new providers.  
22 That's been on hold since COVID, and they told me  
23 probably two months ago that they were going to do a  
24 Zoom training but haven't seen or heard anything  
25 about that.

1 DR. ENNIS: I think they got  
2 approval to do provider training digitally but they  
3 haven't set it up yet. And we know things are crazy  
4 but we sent them a survey of about - what was it,  
5 Renea - two hundred providers?

6 MS. SaGESER: Yes.

7 DR. ENNIS: With about 60% of  
8 them either quit or ready to quit.

9 MS. BATES: Where have they  
10 gone?

11 DR. ENNIS: They already work in  
12 private practice somewhere else. So, the kids are  
13 going to have to go to outpatient for services if the  
14 families can do that. And we don't have a lot of  
15 providers that take Medicaid that do peds and that's  
16 the bulk of the kids in First Steps.

17 MS. WILSON: Our backlog right  
18 now is almost six hundred kids on our waiting list to  
19 get services just at our practice, and a lot of them  
20 could benefit from First Steps.

21 UNKNOWN: Usually travel is an  
22 issue, too. They don't live anywhere near a place  
23 where there's a clinic and there's not usually a  
24 clinic in those small rural areas. And if they can't  
25 travel there, then, they have nothing.

1 DR. ENNIS: So, we just wanted  
2 that on the radar because it could potentially have a  
3 very significant impact on the kids in Medicaid, and  
4 hopefully we'll hear something this week. I have the  
5 lobbyist from all three groups continuing to poke.

6 MS. BATES: Okay.

7 DR. ENNIS: And I'm sorry. I'm  
8 just now seeing the Chat box. Pascale, Cotiviti is a  
9 company that does the billing processing for the  
10 different MCOs.

11 The next item in New Business  
12 is we're starting to see some MPPR recoups again from  
13 Humana. Again, there wasn't any heads-up that that  
14 was coming. So, we're trying to figure out where  
15 that's coming from.

16 MS. SAGESER: That is not Humana  
17 Medicaid. It's just Humana.

18 DR. ENNIS: I had some adult  
19 providers report Humana Medicaid.

20 MS. SAGESER: Okay.

21 DR. ENNIS: I can tease that out  
22 and make sure.

23 MS. MARSHALL: Yeah, I'd make  
24 sure because we're not seeing it on the Medicaid  
25 side. We're just seeing straight----

1 DR. ENNIS: I'll double check.  
2 It was the two big groups in the state on the adult  
3 side that were reporting it to me. So, I'll double  
4 check with them.

5 MS. MARSHALL: Hey, Renea, are  
6 you having trouble on the Humana commercial with  
7 medical records and recoupment?

8 MS. SAGESER: I don't know so  
9 much about that. I just know that they're putting  
10 the MPPR edits on the pediatric side. So, you know,  
11 we definitely don't feel like that is a necessity for  
12 the kids because it's already a lower rate.

13 MS. MARSHALL: But you're seeing  
14 commercial, not Medicaid.

15 COURT REPORTER: I don't know  
16 who is speaking. I'm sorry.

17 MS. MARSHALL: I'm sorry. It's  
18 Pam Marshall.

19 MS. ARMSTRONG: This is Hiliary  
20 Armstrong with Foundation Hand and Physical Therapy.  
21 We're having the MPPR edits across the board. So,  
22 it's Medicare, Medicaid and commercial and we're  
23 having a lot of medical records' requests from  
24 Medicare and commercial plans as well.

25 MS. MARSHALL: Yes, so are we.

1 We're getting flooded with medical records and I've  
2 requested help with that and they're recouping money  
3 from like a year ago and most of the kids we have  
4 have Medicaid as secondary.

5 So, it is going to impact  
6 Medicaid and they're not giving adequate reasons.  
7 Like, I'm trying to talk to the person reviewing the  
8 documentation because we do have documentation that  
9 supports billing of the codes we're billing.

10 But it doesn't matter what code  
11 series it is, they're just saying your documentation  
12 doesn't support it and there's no refer to AMA  
13 Guidelines.

14 So, we would really like some  
15 accountability for this or some help getting----

16 DR. ENNIS: So, is the request  
17 for documentation piece happening on the Medicaid  
18 side also?

19 MS. MARSHALL: It is not  
20 happening on Medicaid. It's happening on commercial  
21 but the kids have Medicaid secondary.

22 DR. ENNIS: so, Pam, what I  
23 would suggest because it is causing a lot of  
24 additional administrative work is, again, to go back  
25 to DOI and say, look, this is a huge administrative

1       burden and we're not getting a reason behind it.

2                       MS. MARSHALL: Okay. Yeah,  
3       that's what we've done so far.

4                       DR. ENNIS: And keep pursuing it  
5       that way but we'll keep a thumb on it just to make  
6       sure.

7                       The last thing that we had was  
8       we're still having some confusion from United Health  
9       Care with them starting up supposedly in January  
10      about who to contact for credentialing.

11                      And since credentialing with a  
12      lot of the MCOs takes some time, our practices would  
13      really love a point person. Is there any way to get  
14      some identification of provider reps or credentialing  
15      contacts?

16                      MS. BATES: Yes, I'll get you  
17      something.

18                      DR. ENNIS: Thank you,  
19      Stephanie. I appreciate that.

20                      So, in the spirit of special-  
21      called meetings, we're not allowed to add anything to  
22      the agenda.

23                      If there are issues that come  
24      up between now and our November meeting, please shoot  
25      them to me or one of the TAC members so that we can

1 get it on the agenda. I need to get that to Sharley  
2 about a week and a half to two weeks before the  
3 meeting.

4 Our November meeting is on  
5 November 10<sup>th</sup>. Is that correct, Sharley? That's  
6 what I have on my calendar.

7 MS. HUGHES: Let me look on my  
8 calendar because I can't get to the Internet from  
9 here.

10 DR. ENNIS: No worries. That's  
11 what I have on mine and I think I adjusted it when I  
12 got all the dates from you.

13 MS. HUGHES: Yes, November 10<sup>th</sup>.

14 DR. ENNIS: Perfect. So, if  
15 folks could get stuff to me by the end of October if  
16 there are concerns that we need to add to the agenda.

17 Stephanie, I will follow up on  
18 the First Steps' issue if we get any feedback from  
19 our Cabinet contacts. And if you could get us  
20 something on United Health Care and, then, let me  
21 know about the letter from the Adult Day Health.

22 MS. BATES: We've done something  
23 with it. Honestly, I can't find it.

24 MS. ARMSTRONG: Beth, this is  
25 Hiliary Armstrong again. Are they going to be



1 talking about in the next meeting the fee schedule  
2 for 2021, like, for changes or, like, reductions  
3 because I know Medicare is going to have a potential  
4 reduction coming up.

5 DR. ENNIS: So, let's put that  
6 on the next meeting. Generally, for the November  
7 meeting, we are sharing fee schedules with code lists  
8 with the Cabinet just to make sure that they get  
9 loaded correctly.

10 And hopefully by then, we will  
11 know something about whether or not that reduction is  
12 going to go in through CMS. Stephanie, do you know  
13 if they would make adjustments on the state level  
14 based on that?

15 MS. BATES: For what? I'm so  
16 sorry.

17 DR. ENNIS: So, there is a----

18 MS. BATES: I'm doing two  
19 meetings now at once. This is my life.

20 DR. ENNIS: I get it. Yes, I  
21 know. I'm living on Zoom.

22 Because CMS finally gave a  
23 little bit of a bump to the primary care providers,  
24 they are proposing a 9% reduction on some other codes  
25 that's going to impact not just therapies but some

1 other providers as well. If that does go through for  
2 the 2021 CMS fee schedule, are we going to see  
3 changes on the Medicaid side?

4 MS. BATES: I would say that  
5 sounds like a Charles' question.

6 DR. ENNIS: Okay. And I think  
7 we will know whether that's going to stay in place by  
8 our November meeting, I would hope.

9 MS. BATES: Charles, we would  
10 usually align with the guidance from CMS, correct?

11 MR. DOUGLASS: Yes.

12 MS. BATES: I'm not saying we  
13 want to but that's usually what we do across  
14 providers.

15 DR. ENNIS: Sure. Okay. And  
16 we've got our code list that we shared last year.  
17 So, we'll plan on that again just to make sure that  
18 things were loading appropriately.

19 I appreciate it, guys. I will  
20 see everyone in November and please get stuff to me  
21 or to one of the other TAC members before the end of  
22 October if you have items to add to the agenda.

23 MEETING ADJOURNED  
24  
25